I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to:

Date of Signature

Commissioner for Patents
Washington, D.C. 20231
on
Date of Deposit

William A. Webb

Name of applicant, assignee or
Registered Representative

Signature

25/3 2/6 12/04/01

Our Case No. 33/759

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Michael H. Oberth et al.)) Examiner: G. Hartmann) Group Art Unit No. 3673)
Serial No. 09/512,894	
Filing Date: February 24, 2000	
For HIGHWAY CRASH CUSHION AND COMPONENTS THEREOF)))

SUPPLEMENTAL REISSUE DECLARATION OF MICHAEL H. OBERTH and JOHN V. MACHADO

As a below-named inventor, I hereby supplement the Reissue Declaration I executed in this application in February, 2000 by further stating that all errors corrected in this Reissue Application subsequent to its original filing arose without any deceptive intention on the part of Applicant. This statement in particular refers to the amendments filed April 11, 2001 and the amendments made in the attached paper.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. § 1001 and

that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature: Unich Date: $10/25/01$
Name: Michael H. Oberth
Residence: LINCOLN
Post Office Address: 1220 AUBURN ROAD
Citizenship: United States of America
Signature: John V. Machado Date: 10/25/01
Name: John V. Machado
Residence: 460 Eb; Way Folsom, CA 95630
Post Office Address:
Citizenship: United States of America





State of California		
County of Placer		
On before me, Carrie L. Lack, Not	eary Public	
personally appearedMichael H. Oberth		
personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.		
OPTIONAL		
Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.		
	OF ATTACHED DOCUMENT	
☐ INDIVIDUAL ☐ CORPORATE OFFICER Patent Applic	eation Serial 09/512,894	
TITLE(S)	R TYPE OF DOCUMENT	
PARTNER(S) LIMITED GENERAL		
ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER:	MBER OF PAGES	
	TE OF DOCUMENT	
SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)		
	THER THAN NAMED ABOVE	

`````````

| State of <u>California</u>                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| County of Placer                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 10/25/01                                                                                                                                                       | Carrie L. Lack, Notary Public                                                                                                                                                                                                                                                                                                                                                              |  |
| On before me,                                                                                                                                                  | NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"                                                                                                                                                                                                                                                                                                                                   |  |
| personally appearedJohn V. Macha                                                                                                                               | do ,                                                                                                                                                                                                                                                                                                                                                                                       |  |
| NAME(S) OF SIGNER(S)                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CARRIE L. LACK Z COMM. # 1233531 OF PLACER COUNTY OF COMM. EXP. SEPT. 26, 2003                                                                                 | ved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. |  |
|                                                                                                                                                                | WITNESS my hand and official seal.  SIGNATURE OF MOTARY                                                                                                                                                                                                                                                                                                                                    |  |
| OP                                                                                                                                                             | TIONAL                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form. |                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CAPACITY CLAIMED BY SIGNER  INDIVIDUAL                                                                                                                         | DESCRIPTION OF ATTACHED DOCUMENT                                                                                                                                                                                                                                                                                                                                                           |  |
| CORPORATE OFFICER                                                                                                                                              | Patent Application Serial 09/512,894                                                                                                                                                                                                                                                                                                                                                       |  |
| TITLE(S)                                                                                                                                                       | TITLE OR TYPE OF DOCUMENT                                                                                                                                                                                                                                                                                                                                                                  |  |
| PARTNER(S) LIMITED  GENERAL                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                            |  |
| ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER:                                                                                                        | NUMBER OF PAGES                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                | DATE OF DOCUMENT                                                                                                                                                                                                                                                                                                                                                                           |  |
| SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                | SIGNER(S) OTHER THAN NAMED ABOVE                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |  |

Name of the second seco